

**ACADIANA LAW ENFORCEMENT TRAINING ACADEMY (ALETA)
IN CONJUNCTION WITH THE
LAFAYETTE PARISH SHERIFF'S OFFICE (LPSO)**

Doctor Referral Form

Date: _____

Dear Doctor _____:
Physician's Name (Please Print)

_____ is about to participate in a police officer physical fitness program for a period of fifteen weeks. He/She will be required to give a maximum effort on push-ups, sit-ups, stretching, and running several miles per day. Additionally, he/she will be required to execute numerous self-defenses, suspect arrest, restraints, take-downs, and other physically demanding activities including exposure to Oleoresin Capsicum (OC). OC is classified as an inflammatory: a substance which causes burning sensation, redness, swelling and pain to all contaminated skin and tissues. The primary target when deploying OC is the facial area assuring coverage of the eyes, brow and mouth, if accepted into the Police Academy training program.

Please examine this individual and advise us if he/she can participate in the required testing and training. If this individual has limitations that would not allow him/her to participate, please make that clear to us.

In addition, all participants in the academy shall have been certified, by a physician within the last 180 days of the academy start date, that they have been tested for and are free of active tuberculosis.

This person will not be permitted to participate until he/she is medically cleared to participate. To expedite matters, please make your comments and recommendations in the space below and submit it to us.

Thank you for your cooperation in this matter. If you have any questions, please contact the Training Coordinator at 231-6363 or 236-5607.

Please print name of patient

**PLEASE CIRCLE YES Can participate fully with no limitations or contraindications.
NO Cannot participate.**

COMMENTS:

Physician's Signature

Location of Assessment